

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002116

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 57

1. PLACE OF DEATH

a. COUNTY Jasperb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN JoplinLength of stay in 1b
40 yrs2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY JasperCITY OR TOWN
JoplinInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 1105 Jefferson AvenueInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1105 Jefferson AvenueReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
GEORGEMiddle
GUYLast
PAINE

4. DATE OF DEATH

Month

Day

Year

January 27, 1963

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-3-1885

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Interior Decorator10b. KIND OF BUSINESS OR INDUSTRY
Decorating11. BIRTHPLACE (City and state or country)
Cherokee, Iowa12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Thaddeus Paine

13b. MOTHER'S MAIDEN NAME

Adelia M. Maine

14. NAME OF HUSBAND OR WIFE

Ola Paine15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
None17. INFORMANT
Address
Mrs. Ola Paine, 1105 Jefferson, Joplin, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)

IMMEDIATE CAUSE (a)

Medullary Failure

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cardiac Decompensation3 yrs

DUE TO (c)

Senility

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Carcinoma of Prostate

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-18-60 to 1-27-63 and last saw her/him alive on 1-27-63
Death occurred at 3:35 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

James Ayerston DO

(Degree or title)

22b. ADDRESS

118 B, Frisco Bldg, Joplin, Mo.

22c. DATE SIGNED

1-28-6323a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

1-30-1963

23c. NAME OF CEMETERY OR CREMATORY

Ozark Memorial Park Cem.

23d. LOCATION (City, town, or county)

Joplin, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Thornhill-Dillon Mortuary, Joplin, Mo.

25. DATE RECD. BY LOCAL REG.

1-31-1963

26. REGISTRAR'S SIGNATURE

Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/5910499204992345678910111213141516171819202122232425262728

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.